LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period $\frac{03/01/2010}{\text{(mm/dd/yyyy)}}$ to $\frac{06/30/2010}{\text{(mm/dd/yyyy)}}$

1. Name of Labor Compliance Program (LCP): Fresno Unified School I	District- Labor Compliance Program							
2. LCP I.D. Number (assigned by DIR): 2003-00087	3. Date of Initial Approval: February 25, 2010							
4. Contact person (include name, title, address, telephone, fax, and e-mail,	if available):							
Edward Collins Phone: 559-457-3467								
Coordinator I- Purchasing Fax: 559-457-6040								
4498 N. Brawley Avenue Edward.Collins@FresnoUnific	Edward.Collins@FresnoUnified.org							
Fresno CA 93722								
5. Did LCP perform any LC § 1771.5 enforcement activities during the 1	2 months in the reporting period?							
Please check one: Yes If Yes, proceed to item 6 on the next pa	ge							
▼ No If No, complete the information below,	No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,							
	455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102							
What suggestions do you have for the Department of Industrial Relations necessary) None	to better assist you with your program in the coming year? (attach additional sheets if							
SUBMITTED BY: Edward Collins, Coo Signature	November 2, 2010 Name and Title November 2, 2010 Date							

LCP-AR1

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount		
None					
Total	(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
None				□ Yes □ No	
				Γ Yes Γ No	
				□ Yes □ No	
				□ Yes □ No	
				□ Yes □ No	
				Г Yes Г No	
				□ Yes □ No	
				□ Yes □ No	
Total					

LCP-AR1

Pro	Project Name Amount Assessed R					Explanation					
None	_						· · · · · · · · · · · · · · · · · · ·				
Total							1 101				
For any amou	ent identified in iter	n B for which	approval of f	orfeiture was red	nuested from	the Labor Comm	issioner place	e provide the fo	llowing:		
Project Amount Assessed						Amount Recovered					
Name					Total	LC § 1776(g)			Wages	Total	
None					1000	20 3 11 10 (8)	20 3 11 10	20 3 1010			
Total											
				<u> </u>						<u></u>	
. Identify cases	that are or were th	e subject of Lo	C § 1742 proc	eedings.							
Pro	ject Name		Contractor N		Nature of Violation		ODL Case #		Current Status		
				7							
											
Did you refer	any contractor to the	ne Lahor Com	missioner for	deharment ner I	C 8 1777 19)					
	any contractor to the			debarment per I	LC § 1777.15	?					
Please check one:	☐ Yes	₽ No)	_	-	?					
Please check one:	-	₽ No)	_	-	?					
Please check one:	☐ Yes	₽ No)	_	-	?					
Please check one: If yes, identify	☐ Yes y affected contracto	☞ No	tractor(s) and	date(s) of refer	ral:						
Please check one: If yes, identify Did you refer	TYes y affected contracto any apprenticeship	or(s) or subcon	tractor(s) and the Division of	date(s) of refer	ral:						
Please check one: If yes, identify Did you refer Please check one:	☐ Yes y affected contracto	or(s) or subconto violation to the	tractor(s) and tractor(s) and the Division of	date(s) of referr	ral:o Standards (